

Case Number:	CM13-0051135		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2001
Decision Date:	04/23/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 59 year-old male with a date of injury of 6/7/01. According to medical reports, the claimant sustained orthopedic injuries when there was an explosion and he was thrown down onto his chest while working as a foreman laborer. He also sustained burns to his arm and face. According to [REDACTED] report dated 6/11/13, the claimant is diagnosed with: (1) chest pain over the xiphoid region; and (2) anxiety and depression. Additionally, in his treatment plan dated 8/5/13 and subsequent report dated 9/16/13, [REDACTED] diagnosed the claimant with: (1) Abdominal pain, rule out tear/hernia; and (2) Medication induced gastritis. It is also reported that the claimant sustained injury to his psyche secondary to his work-related physical injury. In her 8/5/13 report, [REDACTED] diagnosed the claimant with: (1) Posttraumatic stress-disorder (PTSD); (2) Depressive disorder, not otherwise specified; and (3) Pain disorder affecting both psychological factors and a general medical condition. According to medical records, the claimant has not received any psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PSYCHOTHERAPY, INCLUDING COGNITIVE BEHAVIORAL THERAPY AND RELAXATION TRAINING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- COGNITIVE THERAPY FOR PTSD.

Decision rationale: The California MTUS Guidelines do not address the treatment of PTSD. The Official Disability Guidelines regarding the cognitive behavioral treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant began psychotherapy services with [REDACTED] following her initial evaluation dated 8/5/13. In a report dated 9/27/13, [REDACTED] recommends continued psychotherapy, biofeedback weekly for 2 months. Despite this recommendation, there is no information about the number of completed sessions or the progress from those sessions. Under objective findings on the report, [REDACTED] stated: mental status / clinical interview (tearful). The Official Disability Guidelines recommend that for the treatment of PTSD, there is an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of 13-20 visits over 13-20 weeks (individual sessions) may be possible. Without sufficient information as stated within the guidelines, the request for psychotherapy, including cognitive behavioral therapy and relaxation training cannot be substantiated. Therefore, the requested psychotherapy services are not medically necessary at this time.